

Virginia Office of EMS Data Element Dictionary Format

User Manual Format

Each data element is presented using the following template. The Evaluation Committee considered it important to provide sufficient detail about each data element to justify its inclusion in the minimum data set, as well as to assist agencies which seek to implement a data collection system. The Committee used various sources in selecting Virginia's data elements for determining the minimum data set. These sources included the Uniform EMS Data Element Dictionary, Utstein Style of data reporting, Virginia Trauma Registry and Virginia Trauma Triage Protocols to provide definitions which would be consistent with nationwide data collection. Whereas the Virginia minimum data set closely follows the national data set, there are several modifications due to Virginia's reporting needs. When a data element requires specific categories, these are listed in the data item specification ("Data Items"). The Committee recognizes that the lists which are included in this dictionary are imperfect, but definitions of these lists have been debated for many years without resolution. The lists included here are intended as a starting point for a uniform EMS data set which will evolve.

The dictionary format for each data element is as follows:

#

Name of Data Element:	Name
Priority:	Essential or Desirable ¹
Definition:	Short definition of data element
Code:	Coded description of the data element values or attributes
Data Items:	Defined data elements - alternative descriptions of the data element values or attributes

Content: Detailed discussion of definition and content.

Discussion and Justification: Provide further details and justify the data element.

Revised: February 22, 2000

¹Essential or Desirable - Those elements that indicate an "essential" priority must be included in the data reported to the Office of EMS. If an element indicates a "desirable" priority, reporting of this information is optional. "Desirable" elements are recognized as information that is useful but due to limitations often found with an agency's ability to collect this information, it may not be feasible for all agencies to capture and report these elements.

Virginia Office of EMS Data Element Dictionary

This document makes reference to ICD-9 codes and E849 place of occurrence codes. ICD-9 is an acronym for International Classification of Diseases, 9th Revision. ICD-9 is a system of codes designed to classify diseases and injuries for statistical purposes. While the codes themselves are not used, the categories under some of the data elements are based on the ICD-9 code groupings. E849 place of occurrence codes are specific ICD-9 codes used to identify the external cause of injury, poisoning, or other adverse effects.

1.

Name of Data Element:	Agency Number
Priority:	Essential
Definition:	Number that identifies the agency responding to an incident
Code:	Numeric or alpha/numeric entry

Content: This element consists of the unique 5 position Office of EMS assigned agency number.

See Appendix D for a complete list of EMS Agency numbers.

Discussion and Justification: Identifies specific agency number. Can be used to construct reports which are specific to agencies.

2.

Name of Data Element:	Jurisdiction Incident Number
Priority:	Essential
Definition:	Unique number for each incident reported to dispatch
Code:	Numeric or alpha/numeric entry

Content: This element consists of the unique number assigned by a local jurisdiction to each EMS related incident. Code missing values in a consistent manner (zero fill if number is small e.g. 00001234).

Discussion and Justification: This number must be unique within an agency. By combining it with the agency number, it will be possible to construct a unique identifying number for the incident.

3.

Name of Data Element:	Incident Location City/Co. FIPS
Priority:	Essential
Definition:	City, town or county where patient was found or to which unit responded (or best approximation)
Code:	Numeric entry
Data Items: { 5 digit FIPS code } 51124 Out of State 51999 Unknown	

Content: This field must be coded using the FIPS system, wherein each locality is encoded with a unique number. In Virginia, each FIPS number begins with '51' (ie. Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

See Appendix C for a complete list of VA City/Co FIPS codes.

Discussion and Justification: Provides location of incident, which can be used to determine the appropriate level of EMS resources for specific areas.

4.

Name of Data Element:	Location Type		
Priority:	Essential		
Definition:	Type of location of incident		
Code:	Numeric or alpha/numeric entry		
Data Items			
1	Home / Residence	7	Public Building
2	Farm	8	Residential Institution
3	Mine or quarry	9	Educational Institution
4	Industrial place and premises	10	Other specified location
5	Place for recreation or sport	11	Unspecified location
6	Street or highway	NA	Not Applicable
		U	Unknown

Content: This location refers to the location where the injury occurred, not necessarily the origin of the transport. Only **1 (one)** Location Type should be selected.

Discussion and Justification: Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources.

The categories in this dictionary are from ICD-9 and are E849 place of occurrence codes, with the exceptions that a category for educational institutions has been added, and an unknown category is provided. The unknown category is provided so that inaccurate data is not entered into this field.

1 *Home / Residence*

Includes apartment, boarding house, farm house, home premises, residential house, noninstitutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

2 *Farm*

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

3 *Mine or quarry*

Includes gravel pit, sand pit, or tunnel under construction.

4 *Industrial place and premises*

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

5 *Place for recreation or sport*

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

6 *Street or highway*

Includes all public roadways.

7 *Public building*

Includes any building used by the general public, including airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools, which varies from the ICD-9 definition.

8 *Residential institution*

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison, reform school.

9 *Educational institution*

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport.

10 *Other specified location*

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore,

stream, swamp, trailer court, and woods. Excludes resorts.

11 *Unspecified location*

Includes any location not included in the above classification.

NA *Not Applicable*

To be used when there is no patient.

U *Unknown*

To be used when the location of incident is not known or when information cannot be accurately reconstructed from the run record.

5.

Name of Data Element:	Type of Service
Priority:	Essential
Definition:	Type of service requested.
Code:	Numeric entry
Data Items:	
1	Scene
2	Unscheduled Interfacility Transfer
3	Scheduled Interfacility Transfer
4	Standby
5	Rendezvous
NA	Not Applicable
U	Unknown

Content: Used to categorize the types of service which are required, and allows planning of EMS resource allocation. Only **1 (one)** Type of Service should be selected.

1 *Scene*

Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in Data Elements 1-5 in this document. This code should not be used by the second unit which receives the transfer of a patient from another EMS provider prior to arrival at a medical facility or final destination which is coded as a rendezvous.

2 *Unscheduled Interfacility Transfer*

Refers to transfers of patients from one facility to another facility. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS provider to another provider during an unscheduled interfacility transfer, which is also coded as a rendezvous.

3 *Scheduled Transfer*

Refers to transfers of patients from one facility to another facility, as defined for *interfacility*. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

4 *Standby*

Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the *standby*, the service requested becomes *scene*.

5 *Rendezvous*

Refers to situation in which a second EMS unit receives transfer of patient from first EMS unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during an unscheduled interfacility transfer.

NA *Not Applicable*

Refers to situation in which EMS unit is placed in service.

U *Unknown*

Refers to situation for which the other categories do not apply or when information cannot be accurately reconstructed from the run record.

6.

Name of Data Element:	Incident Disposition	
Priority:	Essential	
Definition:	End result of EMS response.	
Code:	Numeric entry	
Data Items:		
1	Treated, transported by EMS	6 Patient refused care
2	Treated, transferred care	7 Dead at scene
3	Treated, transported by private vehicle	8 Cancelled
4	Treated and released	9 No Patient Found
5	No treatment required	NA Not Applicable
		U Unknown

Discussion and Justification: Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS is frequently activated to see patients who require no treatment nor transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well. Only **1 (one)** Incident Disposition should be selected.

1 *Treated and transported by EMS*

This code should be used when an EMS provider treated and transported the patient. Transport may be to any valid destination, as defined for the destination data element. If the EMS provider transports a patient to a rendezvous point with another EMS provider (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

2 Treated, transferred care

This code should be used when an EMS provider rendered treatment at the scene but the patient was transferred into the care of another service. The EMS provider did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS provider arrives and takes over, the BLS record would indicate this code. If an EMS provider treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS provider record.

3 Treated, transported by private vehicle

This code should be used when an EMS provider rendered treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS provider understands that the patient is going to seek further medical care, such as at a private doctor's office or the local emergency department.

4 Treated and released

This code should be used when an EMS provider rendered treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.

5 No treatment required

This code should be used when an EMS provider evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS provider did not evaluate a specific patient, do not use this code.

6 Patient refused care

This code should be used when the patient was at the scene and refused care, whether injured or not. If the EMS provider knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

7 Dead at scene

This code should be used when the patient was pronounced dead at the scene, whether or not treatment was undertaken. This code should also be used if the patient is given CPR and is then pronounced dead at the scene. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, do not use this code.

8 Cancelled

This code should be used when the EMS response was canceled en route or on scene.

9 No patient found

This code should be used if unit arrives on scene, but no patient can be found by the EMS provider or there is no patient contact. **If this code is used, then only the Incident Information Section of the PPDR scan form needs to be completed (top two rows of blocks with black headings).**

NA Not Applicable

This code should be used when a disposition is Not Applicable. For instance, if the unit is on standby and no incident occurs, then this data element is Not Applicable. In this instance, the data element "Type of Service" will have been coded as 4 Standby. **For all standby records, this data element should be coded as Not Applicable.**

U *Unknown*

This code should be used in situations for which the other categories do not apply or when information cannot be accurately reconstructed from the run record.

7.

Name of Data Element:	Attendant in Charge
Priority:	Essential
Definition:	Personnel's Virginia certification / Virginia license level of crew member
Code:	Alpha/numeric entry
Data Items: FR First Responder P EMT Paramedic EMT EMT RN Nurse ST EMT Shock Trauma MD Physician CT EMT Cardiac Tech OTH Other health care professional I Intermediate NA Not Applicable	

Content: This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

NA *Not Applicable*

This code indicates there was only a driver on the unit responding to meet personnel on the scene, but unit was cancelled prior to arrival.

8.

Name of Data Element:	Attendant1
Priority:	Essential
Definition:	Personnel's Virginia certification / Virginia license level of crew member
Code:	Alpha/numeric entry
Data Items: FR First Responder P EMT Paramedic EMT EMT RN Nurse ST EMT Shock Trauma MD Physician CT EMT Cardiac Tech OTH Other health care professional I Intermediate NA Not Applicable	

Content: This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

NA *Not Applicable*

This code indicates the actual number of providers in the ambulance was less than 3 or second attendant is non-EMS certified.

9.

Name of Data Element:	Attendant2
Priority:	Essential
Definition:	Personnel's Virginia certification / Virginia license level of crew member
Code:	Alpha/numeric entry
Data Items: FR First Responder P EMT Paramedic EMT EMT RN Nurse ST EMT Shock Trauma MD Physician CT EMT Cardiac Tech OTH Other health care professional I Intermediate NA Not Applicable	

Content: This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

NA *Not Applicable*

This code indicates the actual number of providers in the ambulance was less than 3, second attendant is non-EMS certified, or there is no additional attendant..

10.

Name of Data Element:	Driver		
Priority:	Essential		
Definition:	Personnel’s Virginia certification / Virginia license level of crew member		
Code:	Alpha/numeric entry		
Data Items:			
FR	First Responder	P	EMT Paramedic
EMT	EMT	RN	Nurse
ST	EMT Shock Trauma	MD	Physician
CT	EMT Cardiac Tech	OTH	Other health care professional
I	Intermediate	NA	Not Applicable

Content: This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

NA *Not Applicable*
This code includes but is not limited to non-EMS certified drivers.

11.

Name of Data Element:	Date Incident Reported
Priority:	Essential
Definition:	Date the call is first received by a public safety answering point (PSAP) or other designated entity
Code:	Date format should be coded as MMDDYYYY

Content: For month and day, use leading zeros if necessary to pad the fields to 2 characters each.

Discussion and Justification: Used in conjunction with "Time of Call" to assess the duration between onset of a medical emergency and receipt of a request for EMS response, as well as to assess the duration of time required to mobilize the response and provide the patient definitive care. The data element is also used to help EMS planners allocate resources by day of week and season of year.

12.

Name of Data Element:	Time of Call (Time Incident Reported)
Priority:	Essential
Definition:	Time call is first received by Public Safety Answering Point (PSAP) or other designated entity
Code:	Time format should be coded as HHMM

Content: When available, the time should be the connect time to the PSAP. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Provides the start point of the EMS response, and allows managers to assess the adequacy of EMS response, identify delays, and plan resources in a manner to provide expeditious EMS response.

N/A Not Applicable

This code should be used **only** when the unit cannot obtain the time when the PSAP received the call; however, this element is critical to assessing EMS responses. Agencies should work with their PSAP's and identify a mechanism to track this time.

13.

Name of Data Element:	Dispatched (Time Unit Notified)
Priority:	Essential
Definition:	Time response unit is notified by EMS dispatch
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits measurement of the actual provider response or delays. Assists planning of communication resources for individual providers, and allows identification of system delays following the dispatch component of the EMS system.

N/A Not Applicable

This code should be used **only** when the unit cannot obtain the time when the PSAP received the call; however, this element is critical to assessing EMS responses. Agencies should work with their PSAP's and identify a mechanism to track this time.

14.

Name of Data Element:	Responding (Time Unit Responding)
Priority:	Essential
Definition:	Time that the response unit begins physical motion
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits measurement of delay between notification of EMS provider and the actual mobilization of the response unit. This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual providers who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one provider may be at home or at work and be responsible to go to the station which holds the ambulance. Another provider may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other provider drives to the scene in the private vehicle.

N/A Not Applicable

This code should be used when a unit was placed in service prior to designating a response.

15.

Name of Data Element:	Arrive Scene (Time Arrival at Scene)
Priority:	Essential
Definition:	Time EMS unit stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient)
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits measurement of the time required for the response vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle, that is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.

N/A Not Applicable

This code should be used when a unit was placed in service prior to arriving at the scene.

16.

Name of Data Element:	Arrive Patient (Time of Arrival at Patient)
Priority:	Desirable
Definition:	Time response personnel establish direct contact with patient
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the providers are prevented from approaching the patient because of fire or adverse conditions, this time will be useful. Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact.

N/A Not Applicable

This code should be used when a unit was placed in service prior to arriving at patient or EMS system does not capture this data element.

17.

Name of Data Element:	Leave Scene (Time Unit Left Scene)
Priority:	Essential
Definition:	Time when the response unit begins physical motion from scene
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.

N/A Not Applicable

This code should be used when a unit was placed in service prior to arriving at the scene.

18.

Name of Data Element:	Arrive Dest (Time Arrival at Destination)
Priority:	Essential
Definition:	Time when patient arrives at destination or transfer point
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits calculation of the time required to go from the scene to the destination of the response unit. If the patient is transferred from one EMS response unit to another, then the time of arrival at destination for the first responding agency is the time of arrival or patient contact (or both) for the second agency.

N/A Not Applicable

This code should be used when a unit does not transport a patient.

19.

Name of Data Element:	Leave Dest (Time Left Destination)
Priority:	Desirable
Definition:	Time response unit leaves destination or transfer point
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits calculation of time unit remained at destination location.

N/A Not Applicable

This code should be used when a unit does not reach destination or EMS system does not capture this data element.

20.

Name of Data Element:	Return Serv (Time Back in Service)
Priority:	Essential
Definition:	Time response unit back in service and available for response
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Allows planning of EMS resources. Permits assessment of the delay between arrival at destination and availability of the response unit.

N/A *Not Applicable*

This code should be used **only** when the EMS system does not capture this data element.

21.

Name of Data Element:	Patient's City/County FIPS (Residence)
Priority:	Essential
Definition:	Patient city or township of residence (if applicable)
Code:	Numeric entry
<p align="center">Data Items:</p> <p align="center">{ 5 digit FIPS code }</p> <p align="center">51124 Out of State</p> <p align="center">NA Not Applicable</p> <p align="center">U Unknown</p>	

Content: This field must be coded using the FIPS system, wherein each locality is encoded with a unique number. In Virginia, each FIPS number begins with '51' (ie. Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

See Appendix C for a complete list of VA City/Co FIPS codes.

Discussion and Justification: Field may be used for local jurisdiction reports.

NA *Not Applicable*

This code should be used when the patient has no permanent address.

U *Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

22.

Name of Data Element:	Patient's Zip Code (Residence)
Priority:	Essential
Definition:	Zip Code of patient's residence
Code:	Numeric entry
Data Items: { 5 digit ZIP code } NA Not Applicable U Unknown	

Discussion and Justification: Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

NA *Not Applicable*

This code should be used when the patient has no permanent address.

U *Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

23.

Name of Data Element:	Social Security Number
Priority:	Essential
Definition:	Patient's Social Security Number
Code:	Numeric entry
Data Items: { 9 digit SSN } NA Not Applicable U Unknown	

Discussion and Justification: Unique patient identifier.

NA *Not Applicable*

This code should be used when the patient has no Social Security Number.

U *Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

24.

Name of Data Element:	Date of Birth
Priority:	Essential
Definition:	Patient's date of birth
Code:	Date format should be coded as MMDDYYYY

Content: For month and day, use leading zeros if necessary to pad the fields to 2 characters each.

Discussion and Justification: Extremely valuable for calculation of accurate age.

U *Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

25.

Name of Data Element:	Age
Priority:	Desirable
Definition:	Patient's age or best approximation
Code:	Numeric entry
<p style="text-align: center;">Data Items:</p> <p style="text-align: center;">{ 3 digits for age in years }</p> <p style="text-align: center;">M Months</p> <p style="text-align: center;">D Days</p> <p style="text-align: center;">U Unknown</p>	

Content: For patients less than 1 year, specify M (Months) or D (Days) and use leading zeros to pad the field (e.g. 6 months = 006M).

M *Months*

For patients less than 1 year, code age in months.

D *Days*

For patients less than 1 month, code age in days. For patients less than 24 hours old, code age as 0 (zero) days.

U *Unknown*

This code should be used when the patient's age cannot be approximated due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

26.

Name of Data Element:	Gender
Priority:	Essential
Definition:	Gender of patient
Code:	Alphabetic entry
<p style="text-align: center;">Data Items:</p> <p style="text-align: center;">M Male F Female NA Not Applicable U Unknown</p>	

Discussion and Justification: Permits reporting of information by gender.

NA *Not Applicable*

This code should be used when none of the other codes apply.

U *Unknown*

This code should be used when the patient's sex cannot be accurately determined due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

27.

Name of Data Element:	Race / Ethnicity										
Priority:	Essential										
Definition:	Patient's ethnic origin										
Code:	Numeric entry										
<p style="text-align: center;">Data Items:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 White, non-Hispanic</td><td style="width: 50%;">5 American Indian/Alaska Native</td></tr> <tr> <td>2 White, Hispanic</td><td>6 Asian/Pacific Islander</td></tr> <tr> <td>3 Black, non-Hispanic</td><td>OTH Other</td></tr> <tr> <td>4 Black, Hispanic</td><td>NA Not Applicable</td></tr> <tr> <td></td><td>U Unknown</td></tr> </table>		1 White, non-Hispanic	5 American Indian/Alaska Native	2 White, Hispanic	6 Asian/Pacific Islander	3 Black, non-Hispanic	OTH Other	4 Black, Hispanic	NA Not Applicable		U Unknown
1 White, non-Hispanic	5 American Indian/Alaska Native										
2 White, Hispanic	6 Asian/Pacific Islander										
3 Black, non-Hispanic	OTH Other										
4 Black, Hispanic	NA Not Applicable										
	U Unknown										

Content: Data item format taken from the Office of Management and Budget Directive 15. Race and ethnicity have been combined, as the Hispanic or Non-Hispanic indicators primarily apply to only Black or White patients. Only **1 (one)** Race should be selected.

Discussion and Justification: Important to data systems in order to access certain types of Federal or state funds which are directed to specific ethnic groups.

OTH Other

This code should be used when race can be determined but is not one of the races specified.

NA Not Applicable

This code should be used when none of the other codes are appropriate.

U Unknown

This code should be used when the patient's race cannot be accurately determined due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

28.

Name of Data Element:		Pre-existing Condition (PEC)	
Priority:		Essential	
Definition:.		Pre-existing medical conditions known to the provider	
Code:		Numeric or Alpha/numeric entry	
Data Items:			
1	Asthma	8	Cancer
2	Diabetes	9	Hypertension
3	Tuberculosis	10	Psychiatric problems
4	Emphysema	11	Seizure disorder
5	Chronic respiratory failure	12	Tracheostomy
6	Heart Disease	OTH	Other
7	Chronic Renal Failure U	NA	Not Applicable
		Unknown	

Discussion and Justification: Pre-existing conditions may affect the protocols followed by EMS providers. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the medical record of the hospital. Thus, if the EMS provider finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should **not** be coded in this data element. Up to **5 (five)** Pre-existing Conditions can be selected.

OTH Other

This code should be used when a PEC is present but is not one of the conditions specified.

NA Not Applicable

This code should be used to indicate no PEC.

U Unknown

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

Name of Data Element:	Mechanism of Injury																																																								
Priority:	Essential																																																								
Definition:	External cause of injury																																																								
Code:	Alpha/numeric entry																																																								
<p style="text-align: center;">Data Items:</p> <table> <tr><td>1</td><td>Aircraft related accident</td></tr> <tr><td>2</td><td>Assault</td></tr> <tr><td>3</td><td>Bicycle accident</td></tr> <tr><td>4</td><td>Bites</td></tr> <tr><td>5</td><td>Burns/thermal/chemical</td></tr> <tr><td>6</td><td>Chemical poisoning</td></tr> <tr><td>7</td><td>Drowning</td></tr> <tr><td>8</td><td>Drug poisoning</td></tr> <tr><td>9</td><td>Electrocution (non-lightning)</td></tr> <tr><td>10</td><td>Excessive cold</td></tr> <tr><td>11</td><td>Excessive heat</td></tr> <tr><td>12</td><td>Falls</td></tr> <tr><td>13</td><td>Firearm injury</td></tr> <tr><td>14</td><td>Lightning</td></tr> <tr><td>15</td><td>Machinery accidents</td></tr> <tr><td>16</td><td>Mechanical suffocation</td></tr> <tr><td>17</td><td>MVC - non-public road/off road</td></tr> <tr><td>18</td><td>MVC - public road</td></tr> <tr><td>19</td><td>Pedestrian traffic accident</td></tr> <tr><td>20</td><td>Radiation exposure</td></tr> <tr><td>21</td><td>Smoke inhalation</td></tr> <tr><td>22</td><td>Sports injury</td></tr> <tr><td>23</td><td>Stabbing</td></tr> <tr><td>24</td><td>Venomous stings (plants, animals)</td></tr> <tr><td>25</td><td>Water transport accident</td></tr> <tr><td>OTH</td><td>Other</td></tr> <tr><td>NA</td><td>Not Applicable</td></tr> <tr><td>U</td><td>Unknown</td></tr> </table>		1	Aircraft related accident	2	Assault	3	Bicycle accident	4	Bites	5	Burns/thermal/chemical	6	Chemical poisoning	7	Drowning	8	Drug poisoning	9	Electrocution (non-lightning)	10	Excessive cold	11	Excessive heat	12	Falls	13	Firearm injury	14	Lightning	15	Machinery accidents	16	Mechanical suffocation	17	MVC - non-public road/off road	18	MVC - public road	19	Pedestrian traffic accident	20	Radiation exposure	21	Smoke inhalation	22	Sports injury	23	Stabbing	24	Venomous stings (plants, animals)	25	Water transport accident	OTH	Other	NA	Not Applicable	U	Unknown
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Discussion and Justification: It is necessary to have a broad taxonomy for defining the external causes of injury, and this data element is coded according to the E codes in ICD-9. However, it is recognized that the entire E code list is too cumbersome for field use, and the element may be collapsed into the categories which have been listed above. When possible, the E code should be defined in as much detail as is present in the E code definitions. The added detail will provide additional value to injury prevention researchers. It has been traditional to attempt to assign a single E code to individual incidents. Multiple entries, however, aid in gathering better detail about injuries, and to eliminate confusion when the EMS provider must choose between two reasonable E codes. Up to **5 (five)** Mechanisms of Injury can be selected.

1 *Aircraft related accident*

Includes spacecraft.

2 *Assault*

Includes all forms of non-accidental injury or suspected intentional injury caused by others.

3 *Bicycle accident*

Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles.

4 *Bites*

Includes all animal bites, including those from non-venomous snakes and lizards and those bites from animals of unknown venomous nature.

5 *Burns/thermal/chemical*

Includes burning by fire, asphyxia or poisoning from conflagration (fire, wildfire) or ignition, and fires secondary to explosions.

6 *Chemical poisoning*

Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.

7 *Drowning*

Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.

8 *Drug poisoning*

Includes accidental poisoning by drugs, medicinal substances, or biological products. Extensive codes are available if an agency wishes to collect specific information.

9 *Electrocution (non-lightning)*

Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket. Excludes lightning, which is coded as 14 Lightning.

10 *Excessive cold*

Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

11 *Excessive heat*

Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.

12 *Falls*

Excludes falls which occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.

13 *Firearm injury*

These codes refer to firearm injuries involving handguns, shotguns, hunting rifles, etc.

14 *Lightning*

Excludes falling of an object secondary to lightning, and also excludes injuries from fire secondary to lightning.

15 *Machinery accidents*

Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.

16 *Mechanical suffocation*

Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag asphyxia, accidental hanging, etc.

17 *MVC - non-public road/off road*

This includes any motor vehicle crash occurring entirely off public roadways or highways. For instance, a crash involving an all terrain vehicle (ATV) in an off-road location would be a non-traffic crash.

18 *MVC - public road*

This includes any motor vehicle crash occurring on a public roadway or highway.

19 *Pedestrian traffic crash*

Motor vehicle crashes in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.

20 *Radiation exposure*

Excludes complications of radiation therapy.

21 *Smoke inhalation*

Includes smoke and fume inhalation from conflagration.

22 *Sports injury*

Includes all sports related injuries caused by team member or sports equipment.

23 *Stabbing*

Includes cuts, punctures, or stabs of any part of the body.

24 *Venomous stings (plants, animals)*

Includes only those bites and stings from snakes, lizards, spiders, scorpion, insects, marine life, or plants known to be venomous.

25 *Water transport accident*

Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be coded within this category. If a person drowns in a swimming pool or bathtub, it should be coded as 7 Drowning.

OTH Other

This code is provided primarily for situations in which there is a Mechanism of Injury that is not included in those listed.

NA Not Applicable

This code should be used in any case where an external injury code does not apply, such as when a patient suffers from chest pain or fever. In nearly all instances where an injury has occurred, this data element should be filled in with a valid code, other than the Not Applicable designation.

U Unknown

This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.

30.

Name of Data Element:	Injury Description
Priority:	Essential
Definition:	Clinical description of injury type and body site
Code:	Alphabetic and numeric entry
<div><div>Data Items:</div><div><div><u>Body Sites</u></div><div>Head only (<i>excluding neck, cervical spine and ear</i>)</div><div>Face (<i>including ear</i>)</div><div>Neck</div><div>Thorax (<i>excluding thoracic spine</i>)</div><div>Abdomen (<i>excluding lumbar spine</i>)</div><div>Spine</div><div>Hand, Arm</div><div>Foot, Leg or bony pelvis</div><div>Body region unspecified</div><div>NA Not Applicable</div></div><div><div><u>Injury Types</u></div><div>Swelling/bruising</div><div>Blunt injury</div><div>Laceration</div><div>Deformity</div><div>Puncture/stab</div><div>Gunshot</div><div>Amputation</div><div>Crush</div><div>Burn</div></div></div>	

Content: Intended to permit the detailed listing of all injuries sustained by a patient, coded according to injury type and body site of the injury. Multiple entries will be possible. Each injury should be designated by body site and injury type. The most severe **5 (five)** injuries should be recorded.

Discussion and Justification: This is a crucial data element which will enable EMS planners to know what types of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities.

It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS provider, not necessarily the final, correct medical diagnosis.

NA Not Applicable

This code should be used if the only description was pain or there was no injury noted.

Body region unspecified

This code should be used when the data is being entered at a time when the information cannot be accurately reconstructed from the run record.

31.

Name of Data Element:	Signs and Symptoms Present			
Priority:	Essential			
Definition:	Signs and symptoms reported to or observed by provider			
Code:	Numeric entry			
Data Items:				
1	Abdominal pain	14	Hypertension	
2	Back pain	15	Hypothermia	
3	Bloody stools	16	Nausea	
4	Breathing difficulty	17	Paralysis	
5	Cardioresp. arrest	18	Palpitations	
6	Chest pain	19	Pregnancy/childbirth/miscarriage	
7	Choking	20	Seizures/convulsions	
8	Diarrhea	21	Syncope	
9	Dizziness	22	Unresponsive/unconscious	
10	Ear pain	23	Vaginal bleeding	
11	Eye pain	24	Vomiting	
12	Fever/Hyperthermia	25	Weakness (malaise)	
13	Headache	OTH	Other	

Discussion and Justification: This data element is intended to capture the information provided to or obtained by the EMS provider in order to assess the patient. It is intended that these signs and symptoms be correlated with the clinical impression of the EMS provider. This would help EMS managers plan educational programs for the providers. Up to **5 (five)** Signs and Symptoms can be selected.

Name of Data Element:	Provider Impression
Priority:	Essential
Definition:	Provider's clinical impression which led to the management given to the patient (treatments, medications, procedures)
Code:	Numeric entry
<p style="text-align: center;">Data Items:</p> <p>1 Abdominal pain / problems</p> <p>2 Airway obstruction</p> <p>3 Allergic reaction</p> <p>4 Altered level of consciousness</p> <p>5 Behavioral / psychiatric disorder</p> <p>6 Cardiac arrest</p> <p>7 Cardiac rhythm disturbance</p> <p>8 Chest pain / discomfort</p> <p>9 Diabetic</p> <p>10 Electrocutation</p> <p>11 Hyperthermia</p> <p>12 Hypothermia</p> <p>13 Hypovolemia / shock</p> <p>14 Inhalation injury (toxic gas)</p> <p>15 Obvious death</p> <p>16 Poisoning / drug ingestion</p> <p>17 Pregnancy / OB delivery</p> <p>18 Respiratory arrest</p> <p>19 Respiratory distress</p> <p>20 Seizure</p> <p>21 Smoke inhalation</p> <p>22 Stings / venomous bites</p> <p>23 Stroke / CVA</p> <p>24 Syncope / fainting</p> <p>25 Traumatic injury</p> <p>26 Vaginal hemorrhage</p> <p>OTH Other</p> <p>U Unknown</p>	

Discussion and Justification: This data element contains the single clinical assessment which primarily drove the actions of the EMS provider. It should be possible to determine whether the treatments or medications provided match protocols which relate to the clinical impression. When more than one choice is applicable to a patient, the EMS provider should indicate the single most important clinical assessment that drove most of the plan of therapy and management.

1 Abdominal pain / problems

Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.

2 *Airway obstruction*

Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway, etc.

3 *Allergic reaction*

Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria, wheezing and so forth when suspected of being related to allergy.

4 *Altered level of consciousness*

Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.

5 *Behavioral / psychiatric disorder*

Includes all situations in which a behavioral or psychiatric problem was considered the major problem for the EMS provider.

6 *Cardiac arrest*

All instances in which cardiac arrest occurred, and either death was pronounced immediately, or external cardiac massage was instituted.

7 *Cardiac rhythm disturbance*

Includes any rhythm disturbance which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS provider.

8 *Chest pain / discomfort*

Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall. If an agency has different protocols for different types of chest pain, then this code should be separated out according to the types of protocols.

9 *Diabetic*

Relates to patients with symptoms relatable to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.

10 *Electrocution*

Instances of electrocution. Please note that the proper code should be entered in the "Mechanism of Injury" data element.

11 *Hyperthermia*

When hyperthermia is the major clinical assessment driving EMS provider care.

12 *Hypothermia*

Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.

13 *Hypovolemia / shock*

Patients with clinical shock, usually felt to be hypovolemic. All patients considered to have shock by EMS providers should be coded with this code, as it is relatively difficult to identify other less

common forms of shock outside the hospital setting.

14 *Inhalation injury (toxic gas)*

Excludes smoke inhalation.

15 *Obvious death*

Patients who were dead at the scene, in whom no therapy was undertaken.

16 *Poisoning / drug ingestion*

Includes drug ingestions which are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as 14 inhalation injury. Venomous bites or stings should be coded as 22 Stings.

17 *Pregnancy / OB delivery*

Includes all aspects of obstetric care rendered in the prehospital setting. This ICD code is the closest approximation for such a general category, and agencies may wish to break down this category more explicitly.

18 *Respiratory arrest*

Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.

19 *Respiratory distress*

Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.

20 *Seizure*

Includes major and minor motor seizures.

21 *Smoke inhalation*

Smoke inhalation encountered in conflagration setting. The "Mechanism of Injury" data element should include the proper code.

22 *Stings / venomous bites*

Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite, since the code in the "Mechanism of Injury" data element will further clarify the cause.

23 *Stroke / CVA*

Cardiovascular accidents, strokes, TIA.

24 *Syncope / fainting*

Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.

25 *Traumatic injury*

All patients in whom traumatic injury is the major reason for the EMS action. Includes injuries such as animal bites. The site of injury should be indicated in the Injury Description field described earlier

in this dictionary, showing the type (laceration or puncture) and site of the bite itself. In addition, the "Mechanism of Injury" should be coded as 15 (Bites) as discussed under the data element, "Mechanism of Injury". For another example, Sexual Assault is coded in this data element in the same manner as a Traumatic Injury, but the "Mechanism of Injury" would be coded as 25 (Assault).

26 *Vaginal hemorrhage*

Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should be coded when the hemorrhage itself was the major concern to the EMS provider. When childbirth or other obstetric issues are more important, then this data element should be coded as 17 Pregnancy/OB delivery.

OTH *Other*

This code should be used when none of the codes listed can be applied; however, there is enough information for a clinical impression to be made by the EMS provider. This should be a very rarely used code.

U *Unknown*

This code should be used when there is not enough information on the run sheet to determine the clinical impression of the EMS provider. This should be a very rarely used code.

33.

Name of Data Element:	Systolic/Diastolic Blood Pressure
Priority:	Essential
Definition:	Patient's systolic/diastolic blood pressure
Code:	Numeric entry
Data Items: { 6 digit blood pressure } Palpated Not Obtained Unable To	

Discussion and Justification: Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

Not Obtained

This code should be used when blood pressure is not assessed.

Unable To

This code should be used when blood pressure cannot be assessed due to a physical barrier.

34.

Name of Data Element:	Pulse Rate
Priority:	Essential

Definition:	Patient's palpated or auscultated pulse rate expressed in number per minute
Code:	Numeric entry
Data Items: { 3 digit pulse rate} Not Obtained Unable To	

Discussion and Justification: The pulse rate is a component of various triage scoring systems, and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have electromechanical dissociation (EMD) or pulseless electrical activity (PEA). In this instance, the correct value of this data element is '000'.

Not obtained

This code should be used when the pulse rate is not assessed.

Unable To

This code should be used when the pulse rate cannot be assessed due to a physical barrier.

35.

Name of Data Element:	Respiratory Rate
Priority:	Essential
Definition:	Unassisted patient respiratory rate expressed as number per minute
Code:	Numeric entry
Data Items: { 2 digit respiratory rate} Not Obtained Unable To	

Discussion and Justification: Component of several triage scoring systems and provides some assessment of severity of illness or injury. The patient's respiratory rate should be indicated. If a patient is not breathing and requires artificial ventilation, this data element should be coded as '00'. **Do not indicate the assisted ventilation rate.**

Not obtained

This code should be used when the respiratory rate is not assessed.

Unable To

This code should be used when the respiratory rate cannot be assessed due to a physical barrier.

36.

Name of Data Element:	Respiratory Effort
Priority:	Essential
Definition:	Patient respiratory effort
Code:	Numeric entry
Data Items: Normal Increased, not labored Increased/labored OR Decreased/fatigued Absent Not Obtained	

Content: Respiratory effort should indicate patient's ventilatory effort.

Discussion and Justification: Component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and requires artificial ventilation, this data element should be coded as Absent. (Lung sound assessment should be documented in the narrative.)

Not obtained

This code should be used when the respiratory effort is not assessed.

37.

Name of Data Element:	Skin Perfusion
Priority:	Essential
Definition:	Patient skin perfusion, expressed as normal or decreased
Code:	Numeric entry
Data Items: Normal Decreased Not obtained	

Discussion and Justification: Normal is defined as warm, pink, and with a capillary refill time of 2 or less seconds. Decreased is defined as cool, pale, mottled, dusky, and with a capillary refill time of greater than 2 seconds. (Terms describing skin condition i.e. pale, moist, etc. should be documented in the narrative.)

If the patient is hypothermic or febrile, this may affect skin perfusion. However, the skin perfusion should be scored consistently as defined.

Not obtained

This code should be used when skin perfusion is not assessed.

38.

Name of Data Element:	Glasgow Eye Opening Component										
Priority:	Essential										
Definition:	Patient's eye opening component of the Glasgow coma scale										
Code:	Numeric entry										
<p style="text-align: center;">Data Items:</p> <table> <tr> <td>1</td><td>None</td></tr> <tr> <td>2</td><td>Opens eyes in response to painful stimulation</td></tr> <tr> <td>3</td><td>Opens eyes in response to verbal stimulation</td></tr> <tr> <td>4</td><td>Opens eyes spontaneously</td></tr> <tr> <td></td><td>Not obtained</td></tr> </table>		1	None	2	Opens eyes in response to painful stimulation	3	Opens eyes in response to verbal stimulation	4	Opens eyes spontaneously		Not obtained
1	None										
2	Opens eyes in response to painful stimulation										
3	Opens eyes in response to verbal stimulation										
4	Opens eyes spontaneously										
	Not obtained										

Discussion and Justification: One of three components of the Glasgow coma scale (GCS), which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

Not obtained

This code should be used when this component of the GCS is not assessed.

Name of Data Element:	Glasgow Verbal Component																														
Priority:	Essential																														
Definition:	Patient's verbal component of the Glasgow coma scale																														
Code:	Numeric entry																														
<p style="text-align: center;">Data Items:</p> <p>For patients >5years:</p> <table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Non-specific sounds</td></tr> <tr><td>3</td><td>Inappropriate words</td></tr> <tr><td>4</td><td>Confused conversation or speech</td></tr> <tr><td>5</td><td>Oriented and appropriate speech</td></tr> </table> <p>For patients 2-5 years:</p> <table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Grunts</td></tr> <tr><td>3</td><td>Cries and/or screams</td></tr> <tr><td>4</td><td>Inappropriate words</td></tr> <tr><td>5</td><td>Appropriate words</td></tr> </table> <p>For patients 0-23 months:</p> <table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Persistent cry, grunting</td></tr> <tr><td>3</td><td>Inappropriate cry</td></tr> <tr><td>4</td><td>Cries, inconsolable</td></tr> <tr><td>5</td><td>Smiles, coos, cries appropriately</td></tr> </table> <p style="text-align: center;">Not obtained</p>		1	None	2	Non-specific sounds	3	Inappropriate words	4	Confused conversation or speech	5	Oriented and appropriate speech	1	None	2	Grunts	3	Cries and/or screams	4	Inappropriate words	5	Appropriate words	1	None	2	Persistent cry, grunting	3	Inappropriate cry	4	Cries, inconsolable	5	Smiles, coos, cries appropriately
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3	Inappropriate cry																														
4	Cries, inconsolable																														
5	Smiles, coos, cries appropriately																														

Content: If the patient is intubated and deeply comatose, then this data element is coded as 1 for none, since there was no verbal response at the time of intubation. However, if the patient is intubated but not deeply comatose, and there is a possibility of verbal response, it is difficult to apply the Glasgow coma scale (GCS). The EMS provider can ask questions and if the patient can nod his head or blink eyes, etc. appropriately, then this element is coded as 5.

Discussion and Justification: One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

Not obtained

This code should be used when this component of the GCS is not assessed.

40.

Name of Data Element:	Glasgow Motor Component																								
Priority:	Essential																								
Definition:	Patient's motor component of the Glasgow coma scale																								
Code:	Numeric entry																								
<p style="text-align: center;">Data Items:</p> <p>For patients >5 years:</p> <table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Extensor posturing in response to painful stimulation</td></tr> <tr><td>3</td><td>Flexor posturing in response to painful stimulation</td></tr> <tr><td>4</td><td>General withdrawal in response to painful stimulation</td></tr> <tr><td>5</td><td>Localization of painful stimulation</td></tr> <tr><td>6</td><td>Obeys commands with appropriate motor response</td></tr> </table> <p>For patients up to 5 years:</p> <table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Extensor posturing in response to painful stimulation</td></tr> <tr><td>3</td><td>Flexor posturing in response to painful stimulation</td></tr> <tr><td>4</td><td>General withdrawal in response to painful stimulation</td></tr> <tr><td>5</td><td>Localization of painful stimulation</td></tr> <tr><td>6</td><td>Spontaneous</td></tr> </table> <p style="text-align: center;">Not obtained</p>		1	None	2	Extensor posturing in response to painful stimulation	3	Flexor posturing in response to painful stimulation	4	General withdrawal in response to painful stimulation	5	Localization of painful stimulation	6	Obeys commands with appropriate motor response	1	None	2	Extensor posturing in response to painful stimulation	3	Flexor posturing in response to painful stimulation	4	General withdrawal in response to painful stimulation	5	Localization of painful stimulation	6	Spontaneous
1	None																								
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6	Spontaneous																								

Content: This component cannot be assessed if the patient has received a muscle relaxant.

Discussion and Justification: One of three components of the Glasgow coma scale (GCS), which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

Not obtained

This code should be used when this component of the GCS is not assessed.

41.

Name of Data Element:	Time of Witnessed Cardiac Arrest
Priority:	Essential
Definition:	Time of witnessed cardiac arrest
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Unknown values should be coded as 99 for HH or MM. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Allows assessment of actual total arrest time in patients with cardiac arrest. This information is valuable for researchers and educators concerned with CPR training.

NA *Not Applicable*

This code should be used when there is no need for CPR given the condition of the patient.

42.

Name of Data Element:	Time of First CPR
Priority:	Essential
Definition:	Best estimate of time of first CPR
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Unknown values should be coded as 99 for HH or MM. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Permits assessment of the duration of cardiopulmonary resuscitation prior to arrival of EMS provider. Useful for research purposes and for planning public education concerning CPR.

NA *Not Applicable*

This code should be used when there is no need for CPR given the condition of the patient.

43.

Name of Data Element:	Provider of First CPR
Priority:	Essential
Definition:	Person who performed first CPR on patient
Code:	Numeric entry
Data Items: Bystander Responder N/A (Not Applicable) Unknown	

Discussion and Justification: Useful for assessing the occupance of CPR rendered by initial responders to a cardiorespiratory arrest, for planning public educational efforts, etc.

N/A Not Applicable

This code should be used when there is no need for CPR given the condition of the patient or when it is known that there was no CPR rendered.

Unknown

This code should be used when CPR is performed but who performed it cannot be determined or when data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

44.

Name of Data Element:	Time of First Defibrillatory Shock
Priority:	Essential
Definition:	Time of first defibrillatory shock
Code:	Time format should be coded as HHMM

Content: Time format should be coded as HHMM. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Allows assessment of the time required between onset of cardiac arrest and provision of defibrillation in instances of ventricular fibrillation. Provides information about the rapidity with which the EMS provider correctly diagnoses the rhythm and takes action.

NA Not Applicable

This code should be used when there is no need for defibrillation given the condition of the patient.

45.

Name of Data Element:	Provider of First Defib
Priority:	Essential
Definition:	Person who performed first defib on patient
Code:	Numeric entry
Data Items: Bystander Responder N/A (Not Applicable) Unknown	

Discussion and Justification: Useful for assessing the defibrillation rendered by initial responders to a cardiorespiratory arrest, for planning public educational efforts, etc.

Responder

This code should be used for all levels of Virginia certified providers including those personnel trained under the AED certification program.

NA Not Applicable

This code should be used when there is no need for defibrillation given the condition of the patient or when it is known that there was no defibrillation rendered.

Unknown

Unknown should be used when defibrillation is performed but who performed it cannot be determined or when the data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

46.

Name of Data Element:	Defib Device
Priority:	Essential
Definition:	Type of device used for initial patient defib
Code:	Numeric entry
Data Items: AED Manual N/A (Not Applicable) Unknown	

Discussion and Justification: Useful for assessing the occupancy of defibrillation rendered by initial responders to a cardiorespiratory arrest, for planning public educational efforts, etc.

N/A Not Applicable

This code should be used when there is no need to use a defib device given the condition of the patient or when it is known that there was no defib device used.

Unknown

This code should be used when defibrillation is performed but the device used cannot be determined or when the data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

47.

Name of Data Element:	Time CPR Discontinued
Priority:	Essential
Definition:	Time at which medical control or responding EMS unit terminated resuscitation efforts (chest compressions and CPR) in the field
Code:	Time format should be coded as HHMM

Content: HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day. This data element is undefined if CPR was never administered.

Discussion and Justification: Provides information concerning the duration of CPR in the field in cases in which the patient was pronounced dead in the field.

NA Not Applicable

This code should be used when CPR is continued at the Hospital.

48.

Name of Data Element:	Time Circulation Returned
Priority:	Essential
Definition:	Time of restored palpable pulse following resuscitation in the field
Code:	Time format should be coded as HHMM

Content: Time format should be coded as HHMM. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure 2 character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

Discussion and Justification: Allows assessment of the time required between provision of defibrillation in instances of ventricular fibrillation and return of palpable pulse.

NA Not Applicable

This code should be used when no resuscitation is performed or circulation was not returned in the

field or CPR was discontinued in the field.

49.

Name of Data Element:		EKG Initial (Initial Cardiac Rhythm)	
Priority:		Essential	
Definition:		Initial monitored cardiac rhythm as interpreted by EMS personnel	
Code:		Numeric entry	
Data Items:			
I/L	Sinus rhythm	I/L	Narrow complex tachycardia
I/L	Other rhythm from 60-100 (not otherwise listed)	I/L	Wide complex tachycardia
I/L	Paced rhythm	I/L	Ventricular fibrillation
I/L	Bradycardia	I/L	Asystole
I/L	Extrasystoles	I/L	Pulseless electrical activity
		I/L	Other
		NA	Not Applicable

Content: I = Initial, L = Last.

Discussion and Justification: Provides the initial monitored rhythm, permitting reports generated according to initial rhythm. Such reports would be of use in assessing the survival rate after certain rhythms.

It is understood that some agencies collect data about cardiac rhythms with more detail than this list. For instance, many agencies expect EMS personnel to distinguish first, second, and third degree heart block. There is no intention to restrict the manner in which any agencies decide to code cardiac rhythms, but there is a necessity to be able to collapse those rhythms to a common definition which can then be combined. For the examples of heart block mentioned, those would all collapse into a wide or narrow complex tachycardia (if the rate is > 100), other rhythm between 60 and 100, or bradycardia, if heart rate < 60.

NA *Not Applicable*

This code should be used when the EMS provider is not an appropriate level provider to assess electrical rhythm, or if electrical monitoring is unavailable to the provider.

50.

Name of Data Element:	EKG Last (Rhythm at Destination)														
Priority:	Essential														
Definition:	Monitored cardiac rhythm upon arrival at destination.														
Code:	Numeric entry.														
<p style="text-align: center;">Data Items:</p> <table> <tr> <td>I/L Sinus rhythm</td><td>I/L Narrow complex tachycardia</td></tr> <tr> <td>I/L Other rhythm from 60-100 (not otherwise listed)</td><td>I/L Wide complex tachycardia</td></tr> <tr> <td>I/L Paced rhythm</td><td>I/L Ventricular fibrillation</td></tr> <tr> <td>I/L Bradycardia</td><td>I/L Asystole</td></tr> <tr> <td>I/L Extrasystoles</td><td>I/L Pulseless electrical activity</td></tr> <tr> <td></td><td>I/L Other</td></tr> <tr> <td></td><td>NA Not Applicable</td></tr> </table>		I/L Sinus rhythm	I/L Narrow complex tachycardia	I/L Other rhythm from 60-100 (not otherwise listed)	I/L Wide complex tachycardia	I/L Paced rhythm	I/L Ventricular fibrillation	I/L Bradycardia	I/L Asystole	I/L Extrasystoles	I/L Pulseless electrical activity		I/L Other		NA Not Applicable
I/L Sinus rhythm	I/L Narrow complex tachycardia														
I/L Other rhythm from 60-100 (not otherwise listed)	I/L Wide complex tachycardia														
I/L Paced rhythm	I/L Ventricular fibrillation														
I/L Bradycardia	I/L Asystole														
I/L Extrasystoles	I/L Pulseless electrical activity														
	I/L Other														
	NA Not Applicable														

Content: I = Initial, L = Last.

Discussion and Justification: Captures the electrical rhythm at the time of arrival at a destination, or last rhythm before cardiac monitor was removed in the field, as previously defined. Reports could examine whether this rhythm differs from the initial rhythm of the patient when encountered in the field, whether there was improvement or deterioration, etc. If an EMS provider is not equipped with electrical monitoring capability or is not of an appropriate level to assess rhythm, this field should be coded as Not Applicable.

NA *Not Applicable*

This code should be used when the EMS provider is not an appropriate level provider to assess electrical rhythm, or if electrical monitoring is unavailable to the provider.

Name of Data Element:		Procedure or Treatment Name
Priority:		Essential
Definition:		Identification of procedure attempted or performed on patient
Code:		Numeric entry
Data Items:		
Airway	1	<i>Assisted ventilation (BVM)</i>
	2	<i>Assisted ventilation (positive pressure)</i>
	3	<i>Chest Decompression</i>
	4	<i>Cricothyrotomy</i>
	5	<i>EGTA/EOA/PTL</i>
	6	<i>ET</i>
	7	<i>Nasal airway</i>
	8	<i>NG Tube</i>
	9	<i>Oral airway</i>
	10	<i>Oxygen - Cannula</i>
Misc.	11	<i>Oxygen - Mask</i>
	12	<i>Backboard</i>
	13	<i>Bleeding controlled</i>
	14	<i>Burn care</i>
	15	<i>CPR</i>
	16	<i>ECG monitoring</i>
	17	<i>External defibrillation/cardioversion (includes AED)</i>
	18	<i>Immobilization - Extremity</i>
	19	<i>Immobilization - Spine</i>
	20	<i>Immobilization - Traction Splint</i>
	21	<i>Intravenous catheter</i>
	22	<i>Intraosseous catheter</i>
	23	<i>Intravenous fluids</i>
	24	<i>MAST/PASG (shock)</i>
	25	<i>Medication Administration</i>
	26	<i>Obstetrical care (delivery)</i>
	OTH	Other
	NA	Not Applicable

Discussion and Justification: Intended to provide planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient. Thus, application of a cervical collar is a treatment, use of a cardiac monitor is a tool of assessment, and drawing blood tubes is neither a specific treatment nor a means of field assessment. All of these would be considered procedures for purposes of this data element. The procedures listed above are not a restrictive list, nor is it expected that every agency will permit its providers to carry out all of these procedures. The coding system used above is the ICD-9 Procedure Classification (p codes). **All Procedures or Treatments performed** on the patient should be specified.

OTH *Other*

This code should be used when none of the codes listed can be applied; however, a procedure was performed.

NA Not Applicable

This code should be used when no procedures are performed.

52.

Name of Data Element:	Treatment Authorization
Priority:	Essential
Definition:	Indicates the type, if any, of treatment authorization
Code:	Numeric entry
Data Items	
Standing Orders	
On-Line (Radio/Telephone)	
On-Scene	
Transfer Orders (Patient Specific)	
DNR	
N/A (Not Applicable)	
Unknown	

Discussion and Justification: Enables managers of EMS systems to determine the authorization type used for emergency medical care provided on specific EMS runs. This data may be used for determining legal accountability and for auditing the supervision of EMS systems. Only the **single highest level** of authorization obtained for patient treatment should be selected.

Standing Orders

Pre-established physician authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation. Also known as protocol. The pre-establishment of protocols is the responsibility of a physician having responsibility for medical direction of an EMS system.

On-line (Radio/Telephone)

Immediate physician orders to EMS provider through direct telecommunications such as radio or telephone. Also known as *on-line medical direction*.

On-Scene

Immediate orders to an EMS provider by a physician at the scene of the medical emergency who has officially assumed responsibility for the management of the prehospital care of the patient.

Transfer Orders (Patient Specific)

Written orders by a physician responsible for the medical care of the patient, provided specifically for the patient's transport. The orders must accompany the patient, must be in writing, and must be signed by the responsible physician. Also known as *advanced medical directions*.

DNR Do Not Resuscitate

Used in respiratory/cardiac arrest situations when resuscitation efforts were withheld due to a valid DNR order.

N/A Not Applicable

Citation of authorization is Not Applicable or indicated, such as in cases where no medical treatments are provided, or no treatments requiring explicit physician authorization are administered.

Unknown

Applicable authorization for treatment not recorded or not known by the EMS provider, such as cases where prehospital skills and treatments are applied by an EMS provider based on his training and experience, without knowledge of the existence of applicable protocols. This is a default data entry, to be used when none of the other codes apply.

53.

Name of Data Element:	Motor Vehicle Impact
Priority:	Essential
Definition:	Motor Vehicle Impact site during collision
Code:	Numeric entry
Data Items:	
Head-on	Rollover
Lateral	Rotation
Ejection	N/A (Not Applicable)
Rear	Unknown

Discussion and Justification: Provides important information about the site of collision during a Motor Vehicle Impact which can be used to predict injury patterns. Data will be of use for corroboration of police reports concerning crashes. Up to **5 (five)** Motor Vehicle Impact sites can be selected.

N/A Not Applicable

This code should be used when the data element "Mechanism of Injury" is not related to a Motor Vehicle.

Unknown

This code should be used when the data element "Mechanism of Injury" is related to a Motor Vehicle but the Impact Site cannot be determined.

54.

Name of Data Element:	Safety Equipment												
Priority:	Essential												
Definition:	Safety equipment in use by patient at time of injury												
Code:	Numeric entry												
<p style="text-align: center;">Data Items:</p> <table> <tr> <td>None used</td><td>Helmet</td></tr> <tr> <td>Shoulder belt only</td><td>Eye protection</td></tr> <tr> <td>Lap belt only</td><td>Protective clothing/gear</td></tr> <tr> <td>Shoulder and lap belt</td><td>Pers float device</td></tr> <tr> <td>Child safety seat</td><td>N/A (Not Applicable)</td></tr> <tr> <td>Airbag deployed</td><td>Unknown</td></tr> </table>		None used	Helmet	Shoulder belt only	Eye protection	Lap belt only	Protective clothing/gear	Shoulder and lap belt	Pers float device	Child safety seat	N/A (Not Applicable)	Airbag deployed	Unknown
None used	Helmet												
Shoulder belt only	Eye protection												
Lap belt only	Protective clothing/gear												
Shoulder and lap belt	Pers float device												
Child safety seat	N/A (Not Applicable)												
Airbag deployed	Unknown												

Discussion and Justification: Provides important information about safety device use. Data will be of use for corroboration of police reports concerning crashes. Up to **5 (five)** types of Safety Equipment can be selected.

None used

This code should be used if the EMS provider knows that no safety device was employed.

N/A Not Applicable

This code should be used when safety equipment was not indicated.

Unknown

This code should be used when the EMS provider has no information about safety device use and cannot obtain such information from the patient or witnesses.

55.

Name of Data Element:	Level of Care Provided
Priority:	Essential
Definition:	Type of care rendered by personnel regardless of level
Code:	Numeric entry
<p style="text-align: center;">Data Items:</p> <p style="text-align: center;">BLS ALS Not Applicable</p>	

Discussion and Justification: Provides important information about the highest level of care rendered. Data will be of use for corroboration of police reports concerning crashes.

Not Applicable

This code should be used when neither BLS nor ALS care was rendered to the patient.

56.

Name of Data Element:	Destination Transferred
Priority:	Essential
Definition:	Health Care Facility or Prehospital Agency that received patient from EMS provider providing this record
Code:	Numeric entry
Data Items:	
1	Home
2	Police/jail
3	Medical Office/clinic
4	Other EMS responder (ground)
5	Other EMS responder (air)
6	Hospital
7	Morgue
NA	Not Applicable

Discussion and Justification: Allows reporting by destination facilities, and allows linking when a patient is transferred between EMS agencies.

NA *Not Applicable*

This code should be used when none of the other codes apply.

57.

Name of Data Element:	Destination Determination
Priority:	Essential
Definition:	Reason a transport destination was selected
Code:	Numeric entry
Data Items:	
1	Closest Facility
2	Patient/Family Choice
3	Patient Physician Choice
4	Managed Care
5	Law Enforcement Choice
6	Protocol
7	Specialty Resource Center
8	On-line Medical Direction
9	Diversion
OTH	Other
NA	Not Applicable

Discussion and Justification: Helps EMS managers to determine whether the choice of destination is appropriate. Items which are defined as patient, physician, or family choice are of interest to determine whether a trauma or referral system is functioning well, or is frequently overridden by non-medical issues. Only **1 (one)** Destination should be specified.

58.

Name of Data Element:	Receiving Facility
Priority:	Essential

Definition:	Specific Health Care Facility or Prehospital Agency that received patient from EMS provider providing this record
Code:	Numeric entry
Data Items: { 4 digit Facility Number} 9999 Unknown	

Discussion and Justification: This element consists of the unique 4 position Office of EMS assigned facility number or EMS agency number. Allows reporting by receiving facilities, and allows linking when a patient is transferred between EMS agencies.

See Appendix D for a complete list of EMS Agency numbers.

See Appendix E for a complete list of Facility numbers.

This data element is very valuable for probabilistic linkage. For instance, when an EMS provider indicates a specific hospital identifier, this can greatly facilitate linkage to outpatient and inpatient facility records. This data element is used in conjunction with the data element "Destination/Transferred" to indicate the specific receiving facility.

Unknown

This code should be used if the specific facility number is not known.